

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V24214 (1)**  
 1. Corporation Name  
**THE POTTERY SHED OF THE PALM BEACHES, INC.**



Principal Place of Business <b>1210 GATEWAY RD.                  #6                  LAKE PARK FL 33403</b>	Mailing Address <b>1210 GATEWAY RD.                  #6                  LAKE PARK FL 33403</b>
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3. Date Incorporated or Qualified <b>03/25/1992</b>	3a. Date of Last Report <b>03/06/1995</b>
4. FEI Number <b>65-0324475</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

**9. Name and Address of Current Registered Agent**

~~DIFFMER, ROBERT  
 1210 GATEWAY ROAD  
 #6  
 LAKE PARK FL 33403~~

**10. Name and Address of New Registered Agent**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent in Block 9. (Block 10 applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<del>Treasurer, Director</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>DIFFMER, ROBERT</del>	1.2 NAME	<del>Smith, Marjorie</del>
STREET ADDRESS	<del>615 SECOND COURT</del>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<del>LAKE PARK FL</del>	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	Vice President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNDLACH, ANNA	2.2 NAME	Kuhl, Deloris
STREET ADDRESS	8749 CITATION DR	2.3 STREET ADDRESS	165 Seashore Drive
CITY - ST - ZIP	PALM BEACH GARDENS FL	2.4 CITY - ST - ZIP	Jupiter, FL 33417
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MARJORIE	3.2 NAME	
STREET ADDRESS	126 SEVILLE RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33405	3.4 CITY - ST - ZIP	
TITLE	ATD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURECKI, ALICE	4.2 NAME	Alice Turecki
STREET ADDRESS	733 WATERWAY DRIVE	4.3 STREET ADDRESS	same address
CITY - ST - ZIP	NORTH PALM BEACH FL 33408	4.4 CITY - ST - ZIP	Asst. Treas.
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, MARGERY M	5.2 NAME	
STREET ADDRESS	1408 INDIAN ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33406	5.4 CITY - ST - ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTON, LOIS	6.2 NAME	
STREET ADDRESS	16486 95TH AVE N	6.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alice Turecki, Asst. Treas. Date: 4.26.1996 (407) 844-2698  
 ALICE TURECKI

CR2E034 (12/95)